



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Jill Davies, Executive Director
Caring for Kids
650 Graham Road, Suite 101
Cuyahoga Falls, OH 44221

Tax ID: [REDACTED]

Dear Ms. Davies:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

• Cuyahoga	1940	• Madison	45
• Delaware	720	• Medina	0
• Fairfield	0	• Pickaway	93.33
• Franklin	1165	• Portage	100
• Geauga	540	• Stark	0
• Licking	200	• Union	80
		• Wayne	0

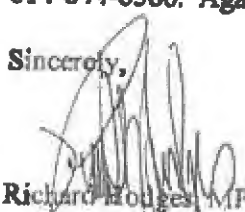
Your application was not approved for the funding in the following county(s) for the following reason(s)

- Fairfield: Other applicant organization located in county.
- Medina: Other applicant organization located in county.
- Stark: Other applicant organization located in county.
- Wayne: Other applicant organization located in county.

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$4,883.33 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,


Richard Hodges, MPA
Director of Health

Purchase Order

Payment Provision: The purchase order number authorizing the delivery of products or services **MUST** be included on the invoice.

Dept of Health

Supplier:
0000057194
CARING FOR KIDS INC
650 GRAHAM RD STE #101
CUYAHOGA FALLS OH 44221

Purchase Order		Date		Revision		Page	
PO#001-0000042934		12/24/2015				1	
Payment Terms		Freight Terms				Ship Via	
Net 30		FOB Destination, Prepaid				N/A	
ABUL BASHER		Phone				Currency	
						USD	

Ship To: Dept of Health
P003574
ABUL BASHER
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Bill To: Dept of Health
P.O. Box 118
(614) 466-3543
Columbus OH 43216-0118
United States

Line-Sch	Quantity	UOM	Unit Price	Extended Amt	Due Date
1- 1	1	AMT	4,883.33	4,883.33	
Eligible organisation shall receive Choose Life funds for the material and training needs of pregnant women who are planning to place their children for adoption, etc. Details are as per signed award letter					

Schedule Total 4,883.33

Item Total 4,883.33

CONTRACT NO. 4576/DYANE GOGAN TURNER/JILL@JFKADOPT.ORG

CART APPROVED 10/14/15

Total PO Amount 4,883.33

The Director of Budget and Management certifies that there is a balance available in the appropriation not already obligated to pay existing obligations in an amount at least equal to the portion of the contract, agreement, obligation resolution or order to be performed in the current fiscal year.

Department Head

Richard Hodges, MPA
Director of Health

By accepting this purchase order, Vendor hereby certifies that it is in full compliance with ORC Section 3517.13 as it relates to campaign finance contributions.

CHC

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	650 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Franklin County
Address where ODH should Direct Payment	650 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service This location serves women from the following counties:	Delaware, Fairfield, Licking, Madison, Pickaway, Union
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-626-0344
Email	jill@cfkadopt.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. **Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. **By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:**
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. **Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new Vendor Information Form (if Organization has moved).

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date


Signature of Person Completing Application

Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC

Ohio Department of Health

Bureau of Maternal and Child Health

246 North High Street, 6th floor, Columbus, OH 43215

614.644.6580

Dyane.Goganturner@odh.ohio.gov

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY16
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2016. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	880 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Summit County
Address where ODH should Direct Payment	880 Graham Road, Suite 101, Cuyahoga Falls, OH 44221
Contiguous Counties of Service This location serves women from the following counties:	Stark, Portage, Wayne, Medina, Cuyahoga, Geauga
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-928-0044
Email	jll@cfkadoption.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. **Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new Vendor Information Form (If Organization has moved).

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date



Signature of Person Completing Application

Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC

Ohio Department of Health

Bureau of Maternal and Child Health

246 North High Street, 6th floor, Columbus, OH 43215

614.644.6560

Dyane.Goganturner@odh.ohio.gov



→ Certified Search for Unresolved Findings for Recovery



Dave Yost
Ohio Auditor of State

Office of Auditor of State
88 East Broad Street
Post Office Box 1140
Columbus, OH 43216-1140
(614) 466-4514
(800) 282-0370

Auditor of State - Unresolved Findings for Recovery Certified Search

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Organization: Caring for Kids Inc

Date: 12/03/2015

This search produced the following list of possible matches:

16 Possible matches were found

Name/Organization	Address
Carnahan, Dean	54 W. Elm St. Sabina, OH 45169
Carpenter, Berry	PO Box 69, 1580 State Route 56 London, OH 43140
Carpenter, Wanda	2008 Twp. Rd. 223 Scottown, OH 45678
Carr, James	9 Schubert Drive Olmsted Township, OH 44138
Carroll, Cynthia	1367 Roush Road Shelby, OH 44875
Carter, Franklin	169 Brook Valley Dr. Elyria, OH 44035

Carter (All About Learning), Franklin	561 Termes Avenue Elyria, OH 44035
Carter (All About Learning, Inc.), Franklin	600 Delaware Avenue Elyria, OH 44035
George Washington Carver Preparatory Academy	11260 Chester Road, Suite 260 Cincinnati, OH 45246
George Washington Carver Preparatory Academy	2283 Sunbury Road Columbus, OH 43219
Just Right Carpentry, LLC	8537 Shuman Lane Cincinnati, OH 45231
Ministerial Day Care Association	, OH
Ministerial Day Care Association	11955 Shaker Blvd. Cleveland, OH 44120
Vintage Coins and Cards AKA Vintage Coins and Collectibles	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes an organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

Business Filing Portal

your BUSINESS begins here

[General Information](#)
[Business Search](#)
[MCO Search](#)
[Trade Mark & Service Mark Search](#)
[Photography & Artwork](#)
[Qualifying Report Download](#)
[Help](#)
[Business Name](#)
[Business Name - Detail](#)
[Detailed Information Search](#)
[Business Search](#)
[Agent Contact Name](#)
[Agent Contact Name - Detail](#)
[SOLE Business Name](#)

Corporation Details

Corporation Details		
Entity Number	891360	
Business Name	CARING FOR KIDS, INC.	
Filing Type	CORPORATION FOR NON-PROFIT	
Status	Active	
Original Filing Date	01/19/1995	
Expiry Date	10/31/2017	
Location: CUYAHOGA FALLS	County: SUMMIT	State: OHIO
Agent / Registrant Information		
PATRICIA AMELING 650 GRAHAM RD., SUITE 101 CUYAHOGA FALLS, OH 44221 Effective Date: 08/29/2006 Contact Status: Active		
Incorporator Information		
PATRICIA A MILLER DENNIS B MILLER SANDRA CARTER		
Filings		
Filing Type	Date of Filing	Document Number/Image
DOMESTIC ARTICLES/NON-PROFIT	01/19/1995	5018_1601
DOMESTIC/AMENDMENT TO ARTICLES	10/14/1997	6032_1680
MISCELLANEOUS FILING	10/14/1997	6032_1680
LETTER/RENEWAL NOTICE MAILED	06/14/2002	200216500771
CANCELED/FAILURE TO FILE/STATEMENT CONT. EXISTENCE	10/15/2002	200228842175
DOMESTIC/REINSTATEMENT	08/29/2006	200624103050
DOMESTIC AGENT SUBSEQUENT APPOINTMENT	08/29/2006	200624103052
DOMESTIC/AMENDED RESTATED ARTICLES	01/09/2009	200900901102
DOMESTIC AGENT ADDRESS CHANGE	10/31/2012	201230600122
DOMESTIC/AMENDMENT TO ARTICLES	10/31/2012	201230600123

[Return To Search Page](#)
[Return To Search List](#)
[Printer Friendly Report](#)

Tuesday, June 25, 2013

Construction Management

Debarred Vendors - The following companies and officers have been debarred. In addition, the vendors have been debarred from participating in the bidding process or receiving materials from Ohio Department of Transportation, Office of Contracts, Purchasing Services Section.

All Controls Corporation	
Debarment Begins: January 13, 2012	Permanently Debarred
Bright Chemical and Lighting, Inc.	
Debarment Begins: January 13, 2012	Permanently Debarred
North Shore Commercial Door Company, Inc.	
Debarment Begins: January 13, 2012	Permanently Debarred
Nozzle New, Inc.	
Debarment Begins: January 13, 2012	Permanently Debarred
Quattro, Inc	
Debarment Begins: July 2, 2013	Permanently Debarred
West Shore New Holland, Inc.	
Debarment Begins: January 13, 2012	Permanently Debarred

Debarred Contractors - The following companies and officers have been permanently debarred. In addition, the company may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

Charter Contracting Corp - 152 12th St, Suite B, Campbell, OH 44405	
Federal ID: 26-3139843	Officers: Alan Drienzo
Begin Debarment: April 3, 2014	Permanently Debarred
TesTech	
Federal ID: 31-1504947	Officers: David C. Oakes, Shery B. Oakes, Sherif A. Aziz
Begin Debarment: February 7, 2014	Permanently Debarred
Northern States Industrial Painting	
Federal ID: 34-1953447	Officers: Gust Kafas
Begin Debarment: January 29, 2004	Permanently Debarred
Northern States Industrial Painting	
Federal ID: 31-1526908	Officers: Larry Frangos
Begin Debarment: October 4, 2004	Permanently Debarred
Smith & Johnson Construction Company	
Federal ID: 31-1193721	Officers: Robert J. Johnson aka Jeff Johnson
Begin Debarment: March 5, 2007	Permanently Debarred
Atlas Central Corporation	

Federal ID: 34-0847157	Officer: Bill Pontikos
Begin Debarment: November 22, 2005	Permanently Debarred

Debarred Individuals - The following individuals are permanently debarred from participating in any contract with the Ohio Department of Transportation. In addition, they may not participate in the construction bidding process or receive materials from the Office of Contracts, Contractor Qualifications Section.

Alan Joseph Dirlenzo

Residential Address: Campbell, OH 44405

Mailing Address:

Begin Debarment: April 3, 2014

End Debarment: April 3, 2015

David C. Oakes

Residential Address: Dayton, OH

Mailing Address:

Begin Debarment: February 7, 2014

Permanently Debarred

Sherry B. Oakes

Residential Address: Dayton, OH

Mailing Address:

Begin Debarment: February 7, 2014

Permanently Debarred

Sherif A. Aziz

Residential Address: Dayton, OH

Mailing Address:

Begin Debarment: February 7, 2014

Permanently Debarred

Robert J. Johnson aka Jeff Johnson

Residential Address: 1 Mironova Place, Suite 2325, Columbus, OH 43215

Mailing Address: 885 Grandview Avenue, Suite 270, Columbus, OH 43215

Begin Debarment: March 5, 2007

Permanently Debarred

Gust Kafas

Residential Address: 11056 Jasmine Ct, Strongsville, OH 44136

Begin Debarment: January 29, 2004

Permanently Debarred

George Ginnis

Residential Address: 5752 Webb Road, Youngstown, OH 44515

Mailing Address: 492 Harmony Lane, Campbell, OH 44405-1213

Begin Debarment: September 9, 2004

Permanently Debarred

Larry Frangos

Address: 4950 Kennedy Road, Lowellville, OH 44436-9527

Address: 5752 Webb Road, Youngstown, OH 44515

Begin Debarment: October 8, 2004

Permanently Debarred

Mark O'Donnell

Address: 157 Abbe Road South, Elyria, OH 44035

Begin Debarment: October 16, 2008

Permanently Debarred

Robert Jones, Jr.

Address: 10375 Misty Ridge, Concord, OH 44077

Begin Debarment: October 16, 2008

Permanently Debarred

James Bright

Address: 5300 Wiltshire Rd., North Royalton, OH 44133

Begin Debarment: October 16, 2008

Permanently Debarred

Christian (Chris) Hilty

Address: 7075 Rocker St., Chagrin Falls, OH 44023

Begin Debarment: October 16, 2008

Permanently Debarred

James Hartory

Address: 10545 Locust Grove, Chardon, OH 44024	
Begin Debarment: October 16, 2008	Permanently Debarred
Richard Goldizen	
Address: 3060 Red Oak Dr. Perry, OH 44081	
Begin Debarment: October 16, 2008	Permanently Debarred

Contractors and Vendors Removed From The Debarment List-

Advanced Gas & Welding - 1662 E 361 St, Eastlake, OH 44095	
	End Debar: April 22, 2014
B.P. Contracting & Services – 745 Worthington Forest Pl, Columbus, OH 43229	
Federal ID: 20-0238605	Officers: Paul Woods and any other partners or owners
Debarment Begins: November 23, 2005	Debarment Ends: November 23, 2007
Bauer Mechanical	
	End Debar: April 22, 2014
Brothers Construction (Company of Columbus Inc) – 2090 Leonard Ave., PO Box 24157, Columbus, OH 43219	
Federal ID: 31-1114370	Officers: Brenda K. Ware, Phyllis B. Ware, Paul V. Ware, Sr., Jack H. Ware, Jr.
Begin Debarment: June 1, 1998	End Debarment: June 1, 2001
Custom Powder Coating - 7734 Associate Ave, Brooklyn, OH 44144	
	End Debar: April 22, 2014
Elcho International Inc - 37048 Lakeshore Blvd, Eastlake, OH 44095	
	End Debar: April 22, 2014
FTD Inc "Frank T. Destro Inc"	
	End Debar: May 26, 2014
Flasher Safety -- 4589 Manufacturing Rd., Cleveland, OH 44135	
Federal ID: 34-1819040	Officer: Kevin J. Zayas
Begin Debarment: January 26, 1998	End Debarment: January 26, 2001
Jones Janitorial – 2023 Belmont Ave. (PO Box 1753) Youngstown, OH 44501	
Federal ID: 34-1750624	Officers: David Jones, Jack H. Ware, Jr.
Begin Debarment: April 13, 1998	End Debarment: April 13, 2001
J & S Landscape Co. – 20475 Farnsleigh Rd. #114, Cleveland, OH 44122	
Federal ID: 34-1516980	Officer: Harvey Jordan
Begin Debarment: November 1, 1998	End Debarment: November 1, 1999
JEL Idealase --	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
Jim's Iron & Metal Inc. – 413 Hensley Ave. Gallon, OH 44833	
Federal ID: 34-1838967	Officer: Jim Lehner

Begin Debarment: January 26, 1998	End Debarment: January 26, 2001
Jones Equipment, Inc. -- 431 Richmond St, Painesville, OH 44077	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
Jordan's Janitorial LLC -- 806 Sonora Ct, Englewood, OH 45322	
Federal ID: 31-1580513	Officer: Bonita Jordan
Begin Debarment: December 15, 2003	End Debarment: December 15, 2006
Kent Winter	
Address: 1900 Joseph Lloyd Prkwy, Wiloughby, OH 44094	
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
L & K Industrial Painting Contractors, Inc. -- 3186 West 25th Street, Cleveland, OH 44109	
Federal ID: 34-1779109	Officer: Manual G. Kafas
Begin Debarment: April 29, 1999	End Debarment: April 29, 2002
Lake Truck Sales and Service, Inc. -- 431 Richmond St, Painesville, OH 44077	
Federal ID:	Officer: Robert Jones Jr.
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012
MPG Painting -- 481 Harmony Lane, Campbell, OH 44405	
Federal ID: 31-1789573	Officer: Dimitros Dovas
Begin Debarment: January 6, 1998	End Debarment: January 6, 2001
Maintenance Masters	
	End Debar: May 26, 2014
Marek Land Company - 9965 Darrow Rd Apt 111F, Twinsburg, OH 44087	
	End Debar: April 22, 2014
Mid-American Cleaning Contractors -- 447 N. Elizabeth, PO Box 1683, Lima, OH 45802	
Federal ID: 34-1673766	Officer: Ken Piercefield
Begin Debarment: June 11, 1999	End Debarment: June 11, 2000
Midwest Hardware & Supply, Inc. -- 3845 Warrensville Center Road, Cleveland, OH 44122	
Federal ID: 34-1879539	Officer: Leroy Wayne
Begin Debarment: November 9th, 1999	End Debarment: November 9th, 2002
Pogonowski Plumbing - 6675 Rochelle Blvd, Parma Heights, OH 44130	
	End Debar: April 22, 2014
Rini Restoration & Waterproof - 1068 Elmwood Dr, Macedonia, OH 44056	
	End Debar: April 22, 2014
TDT Electric dba Taylor Electric, Inc. -- 118 Maple Ave., Belfontaine, OH 43311	
Federal ID: 34-1637043	Officers: Thomas D. Taylor, Patricia A. Taylor
Begin Debarment: July 30, 1998	End Debarment: July 30, 2001
Traditional Building - 9273 Pineneedle Dr, Mentor, OH 44060	
	End Debar: April 22, 2014
Trenching Unlimited	
	End Debar: May 26, 2014

Tri-County Janitorial Inc. --	
Federal ID: 31-1604273	
Begin Debarment: June 25, 2003	End Debarment: June 25, 2006
Winter Equipment — 1900 Joseph Lloyd Pkwy, Willoughby, OH 44094	
Federal ID:	Officer: Kent Winter
Begin Debarment: October 16, 2008	End Debarment: October 16, 2012



USER NAME

PASSWORD

LOG IN

Forgot Username?

Forgot Password?

Create an Account

[HOME](#) [SEARCH RECORDS](#) [DATA ACCESS](#) [GENERAL INFO](#) [HELP](#)

Search Results

- Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the status of each record.
- Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you log in as Federal Government user.
- You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select the Edit Search button.
- If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can save your search criteria to run again later using the Save Search button.
- **NOTE: Please read this important message when searching for exclusion records.**

Current Search Terms: caring* for* Kids* Inc*

Clear Search

TOTAL RECORDS: 1

Result page 1 of 1

Sort by: Modified Date Order by: Descending

FILTER RESULTS

By Record Status

- ☒ Active
- ☐ Inactive

By Functional Area

- ☐ Entity Management
- ☐ Performance Information

Apply Filter

Note: Filters are case sensitive

Your search for "Caring* for* Kids* Inc*" returned the following results...

Entity	Caring For Kids, Inc	Status: Active ⓘ
DUNS: 830201781	CAGE Code: 5HYB4	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 04/19/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance		
Awards Only		

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

Result page 1 of 1

Clear Filter

Export Results

Print

SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

IBM v1.P.40.20151201-1827
WWW7





OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Jill Davies, Executive Director
Caring for Kids
650 Graham Road, Suite 101
Cuyahoga Falls, OH 44221

Tax ID: [REDACTED]

Dear Ms. Davies:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

• Cuyahoga	1940	• Madison	45
• Delaware	720	• Medina	0
• Fairfield	0	• Pickaway	93.33
• Franklin	1165	• Portage	100
• Geauga	540	• Stark	0
• Licking	200	• Union	80
		• Wayne	0

Your application was not approved for the funding in the following county(s) for the following reason(s)

- Fairfield: Other applicant organization located in county.
- Medina: Other applicant organization located in county.
- Stark: Other applicant organization located in county.
- Wayne: Other applicant organization located in county.

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$4,883.33 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,

Richard Hodges, MPA
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	650 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Franklin County
Address where ODH should Direct Payment	650 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service This location serves women from the following counties:	Delaware, Fairfield, Licking, Madison, Pickaway, Union
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-628-0044
Email	jill@cfkadoption.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:**
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:**
- 1. An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 - 2. Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 - 3. Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new Vendor Information Form (if Organization has moved).**

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date


Signature of Person Completing Application

Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Goganturner@odh.ohio.gov

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	850 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Summit County
Address where ODH should Direct Payment	850 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service This location serves women from the following counties:	Stark, Portage, Wayne, Medina, Cuyahoga , Geauga
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-928-0044
Email	jill@cfkadoption.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:**
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:**
1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. **Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new Vendor Information Form (if Organization has moved).**

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date



Signature of Person Completing Application

Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Goganturner@odh.ohio.gov



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Jill Davies, Executive Director
Caring for Kids
650 Graham Road, Suite 101
Cuyahoga Falls, OH 44221

Tax ID: [REDACTED]

Dear Ms. Davies:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

• Cuyahoga	1940	• Madison	45
• Delaware	720	• Medina	0
• Fairfield	0	• Pickaway	93.33
• Franklin	1165	• Portage	100
• Geauga	540	• Stark	0
• Licking	200	• Union	80
		• Wayne	0

Your application was not approved for the funding in the following county(s) for the following reason(s)

- Fairfield: Other applicant organization located in county.
- Medina: Other applicant organization located in county.
- Stark: Other applicant organization located in county.
- Wayne: Other applicant organization located in county.

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$4,883.33 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,

Richard Hodges, MPA
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	650 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Franklin County
Address where ODH should Direct Payment	650 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service <i>This location serves women from the following counties:</i>	Delaware, Fairfield, Licking, Madison, Pickaway, Union
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-926-0044
Email	jill@cfkadoption.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

- III. **Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.
- IV. **By June 1, 2015, if Organization received funds for state fiscal year 2015** (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:
- A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:
1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*
 2. **Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:
 - a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
 - b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
 - c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*
 3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,
- B. As well as a new **Vendor Information Form** (if Organization has moved).

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date



Signature of Person Completing Application
Jill Davies, LSW Director of Domestic Adoptions
[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Goganturner@odh.ohio.gov

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	650 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Summit County
Address where ODH should Direct Payment	650 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service This location serves women from the following counties:	Stark, Portage, Wayne, Medina, Cuyahoga, Geauga
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-828-0044
Email	jill@cfkadoption.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

III. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.

IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:

A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:

a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;

b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;

c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or

2. Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;

b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;

c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. As well as a new Vendor Information Form (if Organization has moved).

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and
- B. Completed Vendor Information Form; and,
- C. Completed Direct Deposit Form (optional).

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date



Signature of Person Completing Application

Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.8560
Dyane.Goganturner@odh.ohio.gov



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Richard Hodges/Director of Health

Jill Davies, Executive Director
Caring for Kids
650 Graham Road, Suite 101
Cuyahoga Falls, OH 44221

Tax ID: [REDACTED]

Dear Ms. Davies:

Thank you for your interest in the Choose Life Program and for your application for Choose Life Funding. Your application has been approved for the following county(s) in the amount(s) of:

• Cuyahoga	1940	• Madison	45
• Delaware	720	• Medina	0
• Fairfield	0	• Pickaway	93.33
• Franklin	1165	• Portage	100
• Geauga	540	• Stark	0
• Licking	200	• Union	80
		• Wayne	0

Your application was not approved for the funding in the following county(s) for the following reason(s)

- Fairfield: Other applicant organization located in county.
- Medina: Other applicant organization located in county.
- Stark: Other applicant organization located in county.
- Wayne: Other applicant organization located in county.

Enclosed is a copy of your contract as submitted. You should receive your award totaling \$4,883.33 within the next 30 days.

If you have any questions about the Choose Life Program, please contact Dyane Gogan Turner at 614-644-6560. Again, thank you for your interest.

Sincerely,

Richard Hodges, MPA
Director of Health

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	650 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Franklin County
Address where ODH should Direct Payment	650 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service This location serves women from the following counties:	Delaware, Fairfield, Licking, Madison, Pickaway, Union
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-928-0044
Email	jill@cfkadoption.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

III. **Contiguous Counties of Service.** If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.

IV. **By June 1, 2015, If Organization received funds for state fiscal year 2015** (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:

A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. **An Audited Financial Statement.** This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. **Notarized Financial Statement Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

a) *Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*

b) *Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*

c) *None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. **Expenditure Tracking Form.** This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. As well as a new **Vendor Information Form** (if Organization has moved).

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and**
- B. Completed Vendor Information Form; and,**
- C. Completed Direct Deposit Form (optional).**

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date



Signature of Person Completing Application
Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Goganturner@odh.ohio.gov

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND SFY15
DISTRIBUTION APPLICATION**

Interested Organizations: *This application is due by June 1, 2015. Use this form to apply for SFY 16 Choose Life Funds available for your county and for funds that may be available for contiguous counties. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.*

I. ODH and Organization Information.

"Organization"	Caring for Kids, Inc.
Federal Tax ID Number	
Street Address	850 Graham Road, Suite 101
City, State Zip code	Cuyahoga Falls, OH 44221
County of Location Providing Services (One Application Per Location)	Summit County
Address where ODH should Direct Payment	850 Graham Road, Suite 101, Cuyahoga Falls, Oh 44221
Contiguous Counties of Service This location serves women from the following counties:	Stark, Portage, Wayne, Medina, Cuyahoga , Geauga
Name of Person and Title completing application	Jill Davies, Director of Domestic Adoptions
Area Code/Phone Number	330-928-0044
Email	jill@cfkadopt.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (RC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Is eligible to receive Choose Life funds as described in RC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age; and

III. Contiguous Counties of Service. If Organization is applying for Choose Life funds that may be available in contiguous counties then Organization certifies that it provides services to pregnant women residing in those counties that are listed as "Contiguous Counties of Service," in Section I. Organization will be considered for distribution of Choose Life funds from the above-listed contiguous counties if there are no eligible organizations located within those counties.

IV. By June 1, 2015, if Organization received funds for state fiscal year 2015 (July 1, 2013-June 30, 2015), then Organization must submit the following with this Application:

A. One (1) of the following three (3) forms of reporting for state fiscal year 2015 ("Acceptable Form of Reporting"), which will be incorporated into the terms of this Application:

1. An Audited Financial Statement. This audited financial statement is required if Organization traditionally has an audited financial statement that is available at the time of application. The audited financial statement must be prepared by an Independent Certified Public Accountant (CPA). The CPA should be familiar with acceptable standards. Either statements must verify that the Choose Life funds were used as follows:

- a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or*

2. Notarized Financial Statement Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and to have one would create a hardship. The statement must verify that the Choose Life Funds were used as follows:

- a) Not more than sixty percent (60%) of the funds were used for the material needs of pregnant women who are planning to place their children for adoption or for the infants awaiting placement with adoptive parents, including clothing, housing, medical care, food, utilities, and transportation;*
- b) Not more than forty percent (40%) of the funds were used for counseling, training, or advertising;*
- c) None of the funds were used for administrative expenses, legal expenses, or capital expenditures; or,*

3. Expenditure Tracking Form. This form of reporting may be used if Organization does not traditionally have an audited financial statement and a financial statement is not available at the time of application. This form may be found on the ODH website or available upon request; and,

B. As well as a new Vendor Information Form (if Organization has moved).

V. By June 1, 2015, new applicants must submit the following:

- A. One (1) original, signed W-9 form per organization. If your organization has multiple locations, please choose the location where you would prefer a check to be mailed; and**
- B. Completed Vendor Information Form; and,**
- C. Completed Direct Deposit Form (optional).**

VI. By June 1, 2016, all Organizations shall submit to ODH one of the three forms of reporting from Section III, above, verifying compliance with the rules regarding the use of funds received during state fiscal year 2016 (July 1, 2015–June 30, 2016).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application for the state fiscal year of 2016 or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does conduct itself in the manner prescribed above.

5/25/2015

Date



Signature of Person Completing Application

Jill Davies, LSW Director of Domestic Adoptions

[Print Name & Title]

Application to be submitted to:

**Dyane Gogan Turner MPH, RD/LD, IBCLC
Ohio Department of Health
Bureau of Maternal and Child Health
246 North High Street, 6th floor, Columbus, OH 43215
614.644.6560
Dyane.Goganturner@odh.ohio.gov**